

Exhibit A



State of Alabama Unified Judicial System Form ARCiv-93 Rev. 9/18	COVER SHEET CIRCUIT COURT - CIVIL CASE (Not For Domestic Relations Cases)	Ca: 31 Date of Filing: 09/02/2020 Judge Code: _____ <small>31-CV-2020-900302.00 CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA CASSANDRA JOHNSON, CLERK</small>
GENERAL INFORMATION		
IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA BARBARA LYNN PEDIGO v. RELIANCE STANDARD LIFE INS. COMPANY		
First Plaintiff: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Individual First Defendant: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other <input type="checkbox"/> Government <input type="checkbox"/> Other		
NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:		
TORTS: PERSONAL INJURY <input type="checkbox"/> WDEA - Wrongful Death <input type="checkbox"/> TONG - Negligence: General <input type="checkbox"/> TOMV - Negligence: Motor Vehicle <input type="checkbox"/> TOWA - Wantonness <input type="checkbox"/> TOPL - Product Liability/AEMLD <input type="checkbox"/> TOMM - Malpractice-Medical <input type="checkbox"/> TOLM - Malpractice-Legal <input type="checkbox"/> TOOM - Malpractice-Other <input type="checkbox"/> TBFM - Fraud/Bad Faith/Misrepresentation <input type="checkbox"/> TOXX - Other: _____ TORTS: PERSONAL INJURY <input type="checkbox"/> TOPE - Personal Property <input type="checkbox"/> TORE - Real Property OTHER CIVIL FILINGS <input type="checkbox"/> ABAN - Abandoned Automobile <input type="checkbox"/> ACCT - Account & Nonmortgage <input type="checkbox"/> APAA - Administrative Agency Appeal <input type="checkbox"/> ADPA - Administrative Procedure Act <input type="checkbox"/> ANPS - Adults in Need of Protective Services	OTHER CIVIL FILINGS (cont'd) <input type="checkbox"/> MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/ Enforcement of Agency Subpoena/Petition to Preserve <input type="checkbox"/> CVRT - Civil Rights <input type="checkbox"/> COND - Condemnation/Eminent Domain/Right-of-Way <input type="checkbox"/> CTMP - Contempt of Court <input checked="" type="checkbox"/> CONT - Contract/Ejectment/Writ of Seizure <input type="checkbox"/> TOCN - Conversion <input type="checkbox"/> EQND - Equity Non-Damages Actions/Declaratory Judgment/ Injunction Election Contest/Quiet Title/Sale For Division <input type="checkbox"/> CVUD - Eviction Appeal/Unlawful Detainer <input type="checkbox"/> FORJ - Foreign Judgment <input type="checkbox"/> FORF - Fruits of Crime Forfeiture <input type="checkbox"/> MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition <input type="checkbox"/> PFAB - Protection From Abuse <input type="checkbox"/> EPFA - Elder Protection From Abuse <input type="checkbox"/> FELA - Railroad/Seaman (FELA) <input type="checkbox"/> RPRO - Real Property <input type="checkbox"/> WTEG - Will/Trust/Estate/Guardianship/Conservatorship <input type="checkbox"/> COMP - Workers' Compensation <input type="checkbox"/> CVXX - Miscellaneous Circuit Civil Case	
ORIGIN: F <input checked="" type="checkbox"/> INITIAL FILING A <input type="checkbox"/> APPEAL FROM DISTRICT COURT O <input type="checkbox"/> OTHER R <input type="checkbox"/> REMANDED T <input type="checkbox"/> TRANSFERRED FROM OTHER CIRCUIT COURT		
HAS JURY TRIAL BEEN DEMANDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P., for procedure)		
RELIEF REQUESTED: <input checked="" type="checkbox"/> MONETARY AWARD REQUESTED <input type="checkbox"/> NO MONETARY AWARD REQUESTED		
ATTORNEY CODE: <div style="display: flex; justify-content: space-between;"> ALL016 9/2/2020 2:31:15 PM /s/ MYRON KAY ALLENSTEIN </div> <div style="display: flex; justify-content: space-between;"> Date Signature of Attorney/Party filing this form </div>		
MEDIATION REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNDECIDED		
Election to Proceed under the Alabama Rules for Expedited Civil Actions: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev. 2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	Case Number
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IN THE Circuit COURT OF Etowah County, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Barbara Pedigo v. Reliance Standard
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (If applicable): _____

☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.

☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/ren.

SECTION 1. AFFIDAVIT

1. IDENTIFICATION

Full name Barbara Lynn Pedigo Date of Birth 6-6-64
 Spouse's full name (if married) Gary Eugene Pedigo
 Complete home address 9893 Windmill Road Fairhope AL 36532

Number of people living in household 2
 Home telephone number (251) 455-9931
 Occupation/Job Disabled Length of employment N/A
 Driver's license number 6054754 Social Security Number 422-06-4306
 Employer N/A Employer's telephone number N/A
 Employer's address N/A

2. ASSISTANCE BENEFITS
 Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply)
☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other Social Security disability

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

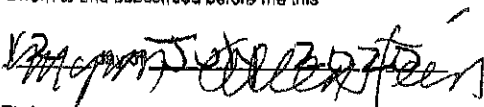
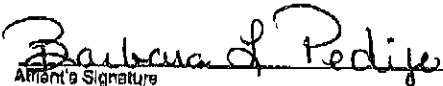
Monthly Gross Income	\$ <u>2000</u>
Spouse's Monthly Gross Income (unless a marital offense)	\$ <u>2442.00</u>
Other Earnings: Commissions, Bonuses, Interest Income, etc.	<u>0</u>
Contributions from Other People Living in Household	<u>0</u>
Unemployment/Workmen's Compensation, Social Security, Retirement, etc.	<u>0</u>
Other Income (be specific)	<u>0</u>
TOTAL MONTHLY GROSS INCOME	\$ <u>4,442.00</u>

Monthly Expenses:

A. Living Expenses	\$ <u>4073.00</u>
Rent/Mortgage	<u>1280.00</u>
Total Utilities: Gas, Electricity, Water, etc.	<u>290.00</u>
Food	<u>500.00</u>
Clothing	<u>500.00</u>
Health Care/Medical Insurance	<u>948.00</u>
Car Payment(s)/Transportation Expenses	<u>500.00</u>
Loan Payment(s)	<u>500.00</u>

Cell + Internet 155⁰⁰
 582⁰⁰ Supplement + Ins 222.86
 + RX Ins 56.90 + RX prescriptions
 + Co-pays

*OPTIONAL

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Monthly Expenses: (cont'd page 1) Credit Card Payment(s) _____ Educational/Employment Expenses _____ Other Expenses (be specific) _____		<u>100</u> Pure Credit Card 5 8	A \$ <u>100⁰⁰</u>
Sub-Total			
B. Child Support Payment(s)/Alimony		\$ <u>0</u>	B \$ _____
Sub-Total			
C. Exceptional Expenses		\$ <u>0</u>	B \$ _____
TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)		\$ _____	
Total Gross Monthly Income Less total monthly expenses: <div style="text-align: right; margin-top: 10px;">DISPOSABLE MONTHLY INCOME \$ <u>369⁰⁰</u></div>			
4. LIQUID ASSETS: Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) _____ Equity in Real Estate (value of property less what you owe) _____ Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe) _____ Other (be specific) _____ Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, jewelry) If so, describe _____			
TOTAL LIQUID ASSETS		\$ <u>0</u>	
5. Affidavit/Request I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel. Sworn to and subscribed before me this _____			
 Judge/Clerk/Notary		 Affiant's Signature Barbara L. Pedigo Print or Type Name	
ORDER OF COURT			
SECTION II IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:			
<input type="checkbox"/> Affiant is not indigent and request is DENIED. <input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____ <input type="checkbox"/> Affiant is indigent and request is GRANTED. <input type="checkbox"/> The prepayment of docket fees is waived.			
IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant. IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court. Done this _____ day of _____			
_____ Judge			



IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

BARBARA PEDIGO,

Plaintiff,

v.

RELIANCE STANDARD LIFE INSURANCE
COMPANY,

Defendant

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Case Number: _____

COMPLAINT

ERISA LTD Benefits

1. Plaintiff, age 56, a 12 year former employee of Thomas Hospital, is totally disabled.
2. Reliance Standard Life Insurance Company administers Plaintiff's LTD Plan through Infirmary Health System, Inc.
3. Plaintiff is disabled due to depression and anxiety.
4. Plaintiff applied for long term disability benefits which were denied on August 14, 2019.
5. Defendant denied the claim, claiming Plaintiff's condition was pre-existing.
6. Plaintiff's disabling condition was not preexisting.
7. Counsel for Plaintiff submitted a letter dated 11/11/19 from Plaintiff's treating physician Dr. Harold Veits in which he stated depression was not a preexisting condition.
8. Counsel for Plaintiff submitted another letter dated 8/5/20 from Plaintiff's treating physician Dr. Harold Veits in which he stated again the depression was not a preexisting condition.
9. Plaintiff has exhausted all administrative remedies.
10. This claim is filed pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate relief, attorney fees and costs which are less than \$50,000.



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IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

PEDIGO BARBARA LYNN)

Plaintiff,)

v.)

Case No.: CV-2020-900502.00

RELiance STANDARD LIFE INS. COMPANY)

Defendant.)

ORDER ON AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

DONE this 2nd day of September, 2020

/s/ CODY D. ROBINSON

CIRCUIT JUDGE



September 8, 2020

Dear Circuit Clerk:

UJS Information

Case Number: 31-CV-2020-900502.00

Document Type: Complaint

Restricted Delivery Requested: No

Intended Recipient:

RELIANCE STANDARD LIFE INS. COMPANY (D001)

2 N. JACKSON STREET

SUITE 605

MONTGOMERY, AL 36104

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 7301 4131 2000 0329 39.

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Status Date / Time: September 8, 2020, 9:57 am
Location: MONTGOMERY, AL 36104
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
 Return Receipt Electronic

Shipment Details

Weight: 2.0oz

Recipient Signature

Signature of Recipient:

Address of Recipient:

Delivery Section
 Signature: Jennifer Lackwood
 Address: 2 N Jackson Suite 605

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